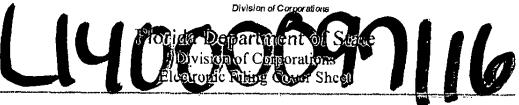
10/18/2016



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(((H16000257286 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT RESIGNATION EVERGLADES INTERNATIONAL INVESTMENTS, LLC

Certificate of Status	0
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Help

D. SCOTT OCT 19 2016

TO:

COVER LETTER

SUBJECT: EVERGLADES INTERNATIONAL INVESTMENTS, LLC	
Name of Limited Liability Company	
DOCUMENT NUMBER: L14000097116	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are for filing.	submitted
Please return all correspondence concerning this matter to the following:	
Helen Mac-Tran	
Name of Person	
NRAI SERVICES, INC.	公古

Name of Firm/Company 111 8th Avenue, 13th Floor Address New York, New York 10011 City/State and Zip Code theresa.aifieri@wolterskluwer.com

Registration Section Division of Corporations

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Helen Mac-Tran Area Code Daytime Telephone Number Name of Person

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, Florida Statutes, the undersigned,	
NRAI SERVICES, INC	C, hereby resigns as	
	iame of Registered Agent	
Registered Agent for EV	VERGLADES INTERNATIONAL INVESTMENTS, LLC	
	Name of Limited Liability Company	
L14000097116		
Document Numb	per, ifknown	
A copy of this resignation	was mailed to the above listed limited liability company at its last known address.	
 If signing on behalf of an e	•	
<u>N</u>	NRAi Services, Inc Helen Mac-Tran	
	Typed or Printed Name	
_	Assistant Secretary Capacity	
	FILING FEES: \$85.00 Active limited liability company \$25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company	
i	Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327	